WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33049

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No. 3982

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 5345, Wayne St. Ward)

2. FULL NAME George Adolph Maloney

(a) Residence, No. 5345 Wayne St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Lucy E. Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13-1880

7. AGE: YEARS 53 — MONTHS 7 — DAYS 25 ~~24~~ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paseo theatre
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MINNESOTA

FATHER

13. NAME Edward Maloney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mary Slauen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Lucy E. Maloney 5345 Wayne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive St. Joseph Mo. DATE Oct. 10, 1933

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 2111 E. 9th

20. FILED 10/9, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 4, 1933, to Oct 8 8, 1933

I last saw him alive on Oct 8, 1933 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute glomerular nephritis 130	9 mo
Other contributory causes of importance: Cardiac dilatation 956	6 wks

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Exam Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) P. T. Bohan, M. D.

(Address) Med Arts Bldg K C Mo

906 Medical Arts Bldg. —

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